

INSTRUCTIONS FOR COMPLETING THE ANNUAL ALASKA HEALTH INSURANCE SURVEY

General

- Do not round dollar amounts or counts. Report in whole numbers.
- **Premium and claim totals should balance to the data reported in the NAIC annual statement state page for Alaska, except as provided below in regard to trust and association group reporting.**
- Return all 3 pages of the survey form. If no business is written, respond with “NONE.”

Coverage Type

Group insurance is insurance issued to employers, associations or trusts as defined in AS 21.54.060.

Individual insurance means non-group insurance issued to an individual covering the individual and/or their dependents. Coverage issued to individuals and/or their dependents through an association should be reported under Other Group. Individual insurance does includes conversions from group insurance.

Small Employer (2-50) Group insurance means health insurance offered, delivered, issued for delivery or renewed to small employers that employed an average of at least 2 but not more than 50 employees on the business days during the preceding calendar year and that employ at least 2 employees on the first day of the health insurance plan year. Small employer group insurance includes health insurance coverage purchased through associations or trusts by small employers. If the association, trust or employer is located outside of Alaska, data for those employers and employees and dependents that are residents of Alaska should be reported.

Other Group insurance includes health insurance offered, delivered, issued for delivery or renewed to large employers that employed an average of at least 51 employees on the business days during the preceding calendar year and that employs at least 2 employees on the first day of the health insurance plan year. Other group also includes health insurance coverage offered to individuals and non-small employer groups through associations or trusts. If the association, trust or employer is located outside of Alaska, include data for those employers and employees and dependents that are residents of Alaska.

Product Definitions

Accident: coverage singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by an accident and includes accident only, travel accident, accidental death and dismemberment, student accident, blanket accident, specified accident.

Comprehensive Medical: coverage for hospital, medical, and surgical expenses (not supplemental coverage and may include dental and vision benefits). Include product data in the PPO category only if the insured is responsible for reduced cost sharing when the insured uses a provider with which the insurer has an agreement.

Dental: stand-alone dental coverage. If dental benefits are part of a comprehensive medical plan, then include data under comprehensive medical. Include in product data in the PPO category only if the insured is responsible for reduced cost sharing when the insured uses a provider with which the insurer has an agreement.

Disability Income: loss of time coverage but does not include credit disability.

Hospital Expense: coverage only for hospital confinement expenses including hospital outpatient expenses.

Hospital Indemnity: daily benefits for hospital confinement on an indemnity basis only.

Long Term Care: coverage for at least 12 consecutive months for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital and includes products that provide benefits for cognitive impairment or loss of functional capacity. This line should include products providing only nursing home care, home health care, community based care, or any combination.

Medicare Supplement: coverage designed as a supplement to reimbursement under Medicare for hospital, medical, or surgical expenses of a person eligible for Medicare.

Medical Expense: coverage only for surgical, anesthesia, and in-hospital medical expenses rendered by a physician.

Specified Disease: coverage for diagnosis and treatment of a specifically named disease such as cancer.

Stop Loss: coverage purchased by a self-insured entity to cover hospital, medical, or surgical expenses in excess of a specified amount.

Vision: stand-alone vision coverage. If vision benefits are part of a comprehensive medical plan then include data under comprehensive medical. Include product data in the PPO category only if the insured is responsible for reduced cost sharing when the insured uses a provider with which the insurer has an agreement.

Other: supplemental or limited-benefit products that provide health insurance coverage not meeting one of the above product definitions. Please provide a brief description of each product on the survey.

Data Category

Policies in Force End of Prior Year: number of policies in force on December 31 of the year proceeding the reporting year. In the case of group insurance, if no policies are actually in force in Alaska, but individuals in Alaska are covered under a policy in force in another state, record 0 policies in force.

Individuals Covered End of Prior Year: number of Alaskan's covered under all policies in force on December 31 of the year preceding the reporting year including those Alaskans covered under an employer, trust, or association policy in force in another state. For example, a family policy covering two parents and two children would count as four individuals covered; an employer health plan that covers 25 employees and their 40 dependents would count as 65 individuals covered (one policy).

New Policies Issued During the Year: number of policies newly issued during the reporting year not including renewed policies.

Individuals Newly Issued Coverage During the Year: number of individual Alaskans that were newly issued coverage during the reporting year including those Alaskans covered under an employer, trust, or association policy issued in another state. For example, a new employee and the employee's dependent would count as an individual newly issued coverage during the year, even though the policy was not newly issued but rather renewed during the year.

Policies Terminated During the Year: number of policies terminated during the reporting year.

Covered Individuals Terminated During the Year: number of individual Alaskans whose coverage was terminated during the reporting year including those Alaskans covered under an employer, trust, or association policy in force in another state.

Policies in Force End of Year: number of policies in force on December 31 of the reporting year. In the case of employer, trust, or association health coverage, if no policies are in force in Alaska, but individuals in Alaska are covered under an employer, trust, or association policy in force in another state, record 0 policies in force. This total should balance to # Policies in Force Beginning of Year plus # New Policies Issued During the Year minus # Policies Terminated During the Year.

Individuals Covered End of Year: number of people covered under policies in force on December 31 of the reporting year including those Alaskans covered under an employer, trust, or association policy in force in another state. For example, a family policy covering two parents and two children would count as four individuals covered; an employer health plan that covers 25 employees and their 40 dependents would count as 65 individuals covered (one policy). This total should balance to # Individuals Covered Beginning of Year plus # Individuals Newly Issued Coverage During the Year minus # Covered Individuals Terminated During the Year.

Earned Premium and Incurred Claims: premiums and claims incurred during reporting year by product and data category.

Individual Health Insurance

For **Life and Health Insurance Companies:** earned premium and incurred claims total should balance to the Alaska State Page for the reporting year, Accident and Health Insurance section, Collectively Renewable Policies plus Other Individual Policies.

For **Property and Casualty Insurance Companies:** earned premium and incurred claims total should balance to the Alaska State Page for the reporting year, Accident and Health (lines 15.1-15.6).

Small Employer and Other Group Health Insurance

For **Life and Health Insurance Companies**: the sum of Small Employer Group and the All Other Group earned premium and incurred claims should balance to the Alaska State Page for the reporting year, Accident and Health Insurance section (line 23), Group Policies.

For **Property and Casualty Insurance Companies**: the sum of Small Employer Group and the All Other Group earned premium and incurred claims should balance to the Alaska State Page for the reporting year, Group Accident and Health (line 13) plus any employer or stop loss reported in the liability lines.

PLEASE NOTE: THIS HEALTH INSURANCE SURVEY REQUIRES REPORTING OF INSURANCE COVERING ALASKA RESIDENTS UNDER TRUST AND ASSOCIATION POLICIES ISSUED IN ANOTHER STATE. TO THE EXTENT THAT THIS RESULTS IN THE PREMIUM AND CLAIM DATA REPORTED IN THE STATE PAGE TO DIFFER FROM THAT REPORTED IN THIS HEALTH INSURANCE SURVEY, PLEASE NOTE THE REASON FOR THE DIFFERENCE ON THE SURVEY FORM.

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